

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10091**

Registration District No. **41**

Primary Registration District No. **5062**

Registrar's No. **41**

1. PLACE OF DEATH: (a) County **Bartrou** (b) City or town **Liberal** (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution **2** (Specify whether In this community **30 yrs.** years, months or days)

3. (a) PRINT FULL NAME **Edward C. Moss** (b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed** (b) Name of husband or wife **Mary Moss** (c) Age of husband or wife if alive **—** years (7) Birth date of deceased **December 29 1895** (Month) (Day) (Year)

8. AGE: Years **84** Months **2** Days **12** If less than one day hr. min.

9. Birthplace **Ottumwa Iowa** (City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **D. V. Moss** 13. Birthplace **Unknown Unknown** (City, town or county) (State or foreign country) 14. Maiden name **Marian** 15. Birthplace **Unknown Unknown** (City, town or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. D. V. Moss** (b) Address **Liberal, Mo**

17. (a) **Burial** (b) Date thereof **Mar. 14 1940** (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation **Liberal Cemetery**

18. (a) Signature of funeral director **J. W. Knell** (b) Address **Centerville, Mo**

19. (a) **3/18/40** (b) **J. R. Ball** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (a) State **Mo.** (b) County **Bartrou** (c) City or town **Liberal Mo** (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) (e) If foreign born, how long in U. S. A. **No** years.

MEDICAL CERTIFICATION **March 11**

20. DATE OF DEATH: Month **March** day **Monday** year **1940** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on **Monday Mar 11, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **Intestinal Catarrh** **Stomachal regurgitation**

Due to **131**

Other conditions **Bronchopneumonia** (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **none** (b) Date of occurrence **none** (c) Where did injury occur? **none** (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Dr. H. M. Ashby** (M. D. or other) **DO** Address **Liberal** Date signed **Mar 13 1940**

RECEIVED

District Health Officer No. 6,

District File Number 440-929

Date Filed APR 3 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. W. K. Miller

Licensed Embalmer No. 814

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.